

AUG 30 2007

PTO/SB/17 (07-07)

Effective 08/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 180

**Complete if Known**

Application Number	10/821,478
Filing Date	April 9, 2004
First Named Inventor	Tsuchida, Hiroyasu
Examiner Name	Brian E. Miller
Art Unit	2627
Attorney Docket No.	16869Q-106600US

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

	Small Entity	
Fee (\$)	Fee (\$)	Fee (\$)
50	25	
200	100	
360	180	
Multiple Dependent Claims		
Fee (\$)	Fee (\$)	Fee (\$)

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt

**Fees Paid (\$)**
**180**
**SUBMITTED BY**

Signature	<i>D and Th...</i>	Registration No. (Attorney/Agent)	52,145	Telephone	415-576-0200
Name (Print/Type)	David B. Raczkowski	Date	August (28), 207		

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

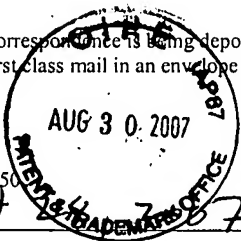
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

By:

Mark T. Davis



PATENT  
Attorney Docket No.: 16869Q-106600US  
Client Reference No.: HJP920030002US1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

HIROYASU TSUCHIDA et al.

Application No.: 10/821,478

Filed: April 9, 2004

For: SUSPENSION ASSEMBLY AND  
ROTARY DISK STORAGE DEVICE

Group Director: 2627

Examiner: Brian E. Miller

Art Unit: 2627

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER  
37 CFR §1.97 and §1.98

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are enclosed. These references were cited in the Japanese counterpart application, which was mailed on June 26, 2007, and which is enclosed. This IDS satisfies CFR 37 CFR §1.97(e)(1). It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

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As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed on or before payment of the issue fee.

CERTIFICATION

I hereby certify that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



David B. Raczkowski  
Reg. No. 52,145

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DBR:mtd  
61136014 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/821,478
				Filing Date	April 9, 2004
				First Named Inventor	Tsuchida, Hiroyasu
				Art Unit	2627
				Examiner Name	Brian E. Miller
Sheet	1	of	1	Attorney Docket Number	16869Q-106600US

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>2</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	AA	JP	07-254246		03-10-1995		English Abstract attached	<input checked="" type="checkbox"/>
	AB	JP	2001-176229		06-29-2001		English Abstract attached	<input checked="" type="checkbox"/>
	AC	JP	2002-269712		09-20-2002		English Abstract attached	<input checked="" type="checkbox"/>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.